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HDMS Executive Committee Meeting, September 15 and October 20.

MMS Council Meeting, Boston, October 7.

World Conference on General Practice, Chicago, August 12-15.

American Hospital Association, Houston, September 14-17.

American Academy of General Practice, San Francisco, September 25 —
October 1.

American College of Surgeons, Chicago, October 12-16.

American Academy of Pediatrics, San Francisco, October 17-22.



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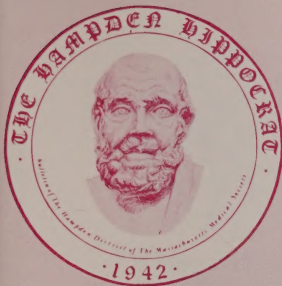
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The Hampden District of
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Medical Society

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A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

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A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

FROM LAMAR SOUTTER, M.D.
PRESIDENT, MASS. MEDICAL SOCIETY

We can look forward to another year of problems for the Society in a variety of different directions. The first is the difficulty in obtaining for patients covered by federal insurance an adequate set of fees by the Rate-Setting Commission, comparable to our customary and usual charges. In part, what the Commission will come up with in the way of more realistic fees is closely related to the money available to the Welfare Department for payment of these fees. Dr. Fine and the Committee on Tax-Supported Medical Care and its subcommittee have done a very good job in dealing with this problem. It will remain for us to try and finish solving it. There continues to be some dissatisfaction with Blue Shield payments; also, the difficulty a number of physicians have had with claims that have been contested. Although there is hope that these claims can be settled by the Medical Charges Review Committee, if the volume of disputed claims is large, another committee will have to be set up, as the amount of business now handled by the Medical Charges Review Committee is very large.

Another problem is posed by the size of our standing committees. The number of members is set by the bylaws at five for most of the committees. If barely a quorum is present, this means that a very small group will be debating and making decisions on what may be very important matters. It would be sounder from the viewpoint of obtaining a wider range of opinion, as well as a better geographical representation — which is important because of our diversification of interests — to have these committees enlarged. The Special Committee to Revise the Bylaws will be given this problem to investigate.

Finally, if you regard the 42 various committees we now have, you will note that despite the rapid changes now affecting the practice of medicine, we remain predominantly a society controlled by older men. Dr. Gephart has started a very good system of asking the district societies to send in the names of men and women who are willing to serve on committees. One or two societies have thoughtfully added the particular spheres of interest and capability each person has demonstrated. If you can do this next year, it will help the next president to improve the work of the Society, particularly if more younger men and women representative of many of the present changes in social and other attitudes can be added to committees.

I look forward to working with you next year.

A handwritten signature in cursive script, reading "Lamar Soutter".

Lamar Soutter, M.D.



MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the MMS Council was held in Boston on May 20, 1970. Representing the HDMS were the following Councilors: Drs. James D. Allan, Malcolm S. Allan, John C. Ayres, Maurice J. Boivin, Elmer F. Franseen, Donald R. Hayes, Allen S. Johnson, Joseph R. Kelly, and Robert N. La-Marche. The meeting was called to order by President Dr. Jacob H. Fine at 10:07 A.M., and the minutes of the last Council meeting (February 11, 1970) were accepted as published.

Mrs. Clinton H. Bagenstose, President of the WAMMS, reported to the Council on the activities of that organization during the past year. Health careers was a major undertaking in the form of a mobile unit visiting over 65 junior and senior high schools throughout the Commonwealth with over 10,000 students taking advantage thereof as well as the fair which had over 4,000 in attendance. Continued were wide showings from the Auxiliary's film library, particularly on subjects pertaining to health careers, sex, venereal diseases, and drug abuse education. The mobile unit will be converted and used during the summer in an anti-drug abuse educational program. Gratitude to many was extended.

Contrary to past tradition, a representative of SAMA from Boston University School of Medicine failed to participate in the proceedings.

The next matter of business was to take up various resolutions pertaining to Blue Shield. The Middlesex South resolution calling upon the Blue Shield "to correct the inequities inherent in the current method of determining usual and customary charges" and requesting conformity to the definitions relating to the latter as adopted by the MMS Council, was approved. The Middlesex East resolution pointed out such aspects of the Blue Shield's Participating Physicians Agreement—failure to provide copies of "fee schedules," lack of termination date of the agreement regardless of the types of programs instituted, lack of a mechanism for changing contracts in the future, and the necessity for the physician to abide by rules and regulations from time to time as adopted by the corporation — as to make same rather one-sided. The purpose of the resolution was to have the said agreement updated and rewritten with adequate safeguards and realistic sanctions against both parties to the agreement. In the discussion, it was brought out that a committee could be appointed with legal counsel to re-evaluate the agreement and recommend changes but there was no guarantee that Blue Shield would have to revise the agreement or negotiate same. Moreover, the enabling statute of Blue Shield would have to be amended to pay non-participating physicians, except in

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emergencies. Finally an ammended resolve was adopted instructing the MMS president to appoint a nine member subcommittee of the Executive Committee to study the Participating Physician's Agreement and to report its recommendations. Both Hampden's and Bristol South's resolutions, which pertained to payment for non-participating physicians' services, were referred to this same subcommittee.

' Dr. Levi reported for the Committee on Member's Insurance Programs by explaining in detail various aspects of the MMS approved Burdick plans. It was also mentioned that Beacon Fund insurance programs have not been approved by the Committee or the Council.

The Treasurer's report as well as that of the Auditing Committee were accepted.

The report of the Committee on National and State Legislation was accepted as informational. It was further reported that all bills sponsored by the MMS were referred by the legislature to the next annual session — in essence, killing same.

The Committee on Nominations presented the slate of officers for the coming year, and these were elected. A suggestion was made that remuneration for the president and the president-elect be considered because of the financial sacrifices required on the part of same as well as restricting the field of candidates to persons with independent incomes or members of large group practices. To lighten the burden on the presidency, it was also recommended that additional vice presidents

should be provided for assuming certain duties of the former and reporting thereto. These are to be referred to appropriate committees.

After receiving the reports of the Committee on Arrangements, the Committee on Publications, the Committee on Ethics and Discipline, and the Committee on Medical Education as informational; the Council approved the Committee on Professional Liability's recommendation that the MMS support the Mass. Hospital Association's bill before the legislature to abolish as a defense the doctrine of charitable immunity for hospitals.

The Committee on Bylaws and Council Rules reported a possible bylaw change relative to admitting osteopathic physicians on an individual basis to membership in the MMS. It was revealed that nothing in the current bylaws precludes consideration of applicants if they are approved by the Committee on Membership. Hence, there didn't seem to be any need for a bylaw change.

The reports of the Medical Charges Review Committee, the Committee on Mental Health, the Committee on Maternal Welfare, and the Committee on Perinatal Welfare were accepted as informational without incident.

The Committee to Recommend Directors of Blue Shield ran into a little storm when it sought approval for the slate as a whole. One layman for renomination to the Board of Directors was not approved because of his allegedly unsympathetic attitude to physicians and alleged possible conflict of interest endeavors.

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Before recessing for lunch, fifty year membership citations were awarded to a group of senior members including HDMS's own Dr. Olive A. Cooper.

After lunch, the Council accepted as informational the reports of the Committee on Blood Banks, Committee on Prevailing Fees, and Committee on Area Health Planning. The Committee on Long Range Planning's recommendations pertaining to allied professional and paramedical personnel training and role on the health team were referred to the Committee on Medical Practice, which already has a Subcommittee on Health Manpower at work on the matter and which introduced for Council approval, a set of guidelines for the Subcommittee. The latter was approved. In addition, the Committee on Medical Practice's recommendation reaffirming the MMS's longstanding condemnation of chiropractic was turned down in favor of the original Hampden resolution. Another recommendation of this committee pertaining to peer review of random samples of all hospitalized was approved.

The recommendation of MMS representatives on the Boston Medical Library Trustees that MMS's contribution to Boston Medical Library be increased from \$5 to \$10 per member per year was referred to the Finance Committee. This would increase MMS's contribution from \$32,000 to \$64,000 per year.

The Subcommittee of the Committee on Tax Supported Medical Care presented a progress report by the Arthur D. Little Company on the status of work on physician's charges. As a result of its studies the ADL now plans to report the results of same in four parts:

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2. USUAL AND CUSTOMARY FEE LEVELS AND OTHER DATA

The levels of fees actually charged by physicians in Massachusetts will be compared to current levels of payment under Medicaid. Other quantitative data such as information on trends in the cost of living will also be presented and discussed.

3. IMPLICATIONS OF ALTERNATIVE METHODS OF REIMBURSEMENT

The alternative methods described in the first part of the study report will be explored further, discussing the implications of each method for the patient, the physician, the taxpayer and the State's administrative agency. Information on levels of charges from the second part of the report will be used to help to draw the implications in such areas as utilization levels, state budgetary requirements, physician participation, and quality of care.

4. FURTHER ISSUES

Examples of problems and issues of long term importance that may be discussed include consideration of possible improvements in administration, possible co-payment provisions, and further development of relative value scale methods.

The four parts of the report will be prepared and published in the above order. They are being written for the laymen as well as the professional, in the hope that in addition to using them in its presentation to the Rate Setting Commission, The Medical Society will find it useful to disseminate them to a wider audience.

Under suspension of rules, the Committee on Finance's recommendation that each MMS member pay an immediate special assessment of \$10 to liquidate the current obligation to Arthur D. Little, Inc., was defeated. Instead the Council voted that the capital of an approximately \$40,000 Contingency Fund, which the Treasury holds, should be drawn upon.

Upon recommendation of the Interspecialty Committee, the Council voted to adopt the five digit code and the procedural terminology used in the 1969 (5th edition) of the California Relative Value Studies with such modifications as may be deemed necessary by the Interspecialty Committee for the implementation of this program in Mass.

Dr. John B. Butts, MMS delegate to the AMA, requested instruction from the Council for introduction at the next AMA Annual Meeting a resolution to the effect that an institute on socio-economic research be formed under the AMA's sponsorship.

The Council also approved specially trained nurses instituting electrical countershock in ventricular fibrillation and administering appropriate medication in arrhythmias when a physician is unavailable and providing all cardiopulmonary procedures are in conformity with the standing operating policy of the individual hospital. The officers of the MMS also were instructed to investigate and take any measures necessary to insure that adequate legal safeguards exist for these nurses in the performance of their duties.

Dr. John W. Norcross reported on the Harvard Community Health Plan by stating that recruitment of subscribers was slow and the premiums high in cost.

The meeting was adjourned at 4:35 P.M. after President Fine introduced Dr. H. Thomas Ballantine, Jr., President-Elect, and Dr. Lamar Soutter, the new President. The latter presented his new committee appointments which were approved by the Council.

Ayres

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MASSACHUSETTS MEDICAL SOCIETY ANNUAL MEETING

The 189th annual meeting of the Fellows of the MMS was held on May 27, 1970, at the Statler Hilton Hotel in Boston. The agenda progressed traditionally with appropriate introductions of visiting delegates from various other New England medical societies, a presentation of a Certificate of Humanitarian Service from the AMA to Dr. John H. Olson for volunteer physician service in South Vietnam, and awards to three outstanding senior medical students in the Boston medical schools. After acceptance of the minutes of the last annual meeting, a report on membership was rendered revealing a total of 8,969 members as of May 22, 1970.

Dr. Jacob Fine, the retiring President of MMS, presented an excellent "state of the union" address delineating the progress made by the Society during the year as well as the frustrations endured. On the positive side, more and mutually beneficial dialogue ensued between the Society and the Mass. Dept. of Public Welfare culminating in the development of simpler provider billing forms. The undertaking of the study

by Arthur D. Little, Inc., of physician fees is hopefully expected to bear good fruit for presentation to the Mass. Rate Setting Commission. The Committee on Medical Education has already developed several programs of residencies in continuing education. The Committee on Medical Practice has established a subcommittee on health manpower to work in developing various programs for recruiting and training personnel for relieving health manpower needs. The Interspecialty Committee is hard at work developing a generally acceptable relative value fee schedule. On the negative side, Dr. Fine expressed great disappointment with his exercise in pragmatic politics with the Mass. legislators, particularly in regard to chiropractic. Votes not facts, logic, or reason seemingly influence the majority.

In an unusual move, Dr. Fine granted a representative of the medical students in the three Boston schools the privilege of addressing the Fellows. Mr. Russell Jaffee thereupon launched into a tirade calling for student and physician activism to alleviate the disease afflicting the American people. The primary cause

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of this dis-ease is the war in South Vietnam and Cambodia. Not only are people being killed needlessly but resources vitally needed in this country and particularly for medicine are being wasted. All must become socially responsible and active to alleviate this dis-ease by striking at the primary cause and strongly advocating the withdrawal of our troops from Indochina. Moreover, the MMS should be opened to greater and wider medical student participation in the deliberations and activities thereof.

Following this talk and a brief recess, Dr. Dana Farnsworth presented the Annual Discourse entitled *Youth in Protest: Overtones for Medicine*. This astute analysis is highly recommended for study when it is reprinted in *The New England Journal of Medicine*.

Following the discourse and under other business, two resolutions pertaining to the immediate withdrawal of all American troops from Indochina were

pressed for consideration and adoption. Dr. Fine reminded all present that only the MMS Council can set policy, and furthermore, that a similar resolution had been introduced at the preceding Council meeting and was subsequently referred to the Committee on Medical Service for study and recommendation. In spite of protests on the point of order, Dr. Fine allowed one resolve to be read and discussed. After brief debate, a motion was made, seconded, and voted against the judgment of the chair that the matter was properly before the body. With the chair, namely Dr. Fine, not being sustained, the matter was ruled as being out of order and closed.

This ended the business part of the meeting, but activities continued into the night with a reception, annual dinner, and a speaker in the person of Mr. Ralph Nader, the energetic and vociferous defender of the consumer.

Ayres

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DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Jan. 1, 1971 through Dec. 31, 1972

J. Robert Browning, Plymouth

Claude E. Welch, Middlesex South

ALTERNATE DELEGATES

TO THE AMERICAN MEDICAL ASSOCIATION

Stanley Wyman, Middlesex South (Jan. 1, 1971 to Dec. 31, 1972) Jacob H. Fine, Essex South (to fill unexpired term of Lewis S. Pilcher, resigned, Jan. 1, 1969 to Dec. 31, 1970, and for the term Jan. 1, 1971, to Dec. 31, 1972) Sidney H. Wanzer, Middlesex Central (to fill unexpired term of H. Thomas Ballantine, Jr., for the period Jan. 1, 1970 to Dec. 31, 1971).

HAMPDENITES APPOINTED

The following members of HDMS have been appointed to serve on committees and boards of the MMS for 1970-1971 by President Lamar Soutter.

STANDING COMMITTEES

Benevolence

Alfonso A. Palermo, M.D.

Finance

Donald R. Hayes, M.D.

Members' Insurance Program

H. Bernard Tillman, M.D.

Public Health and Problems Relating to Individual Diseases

Hyman H. Shuman, M.D.

(Chairman)

John C. Ayres, M.D.

Tax-Supported Medical Care

Bruce B. Stoler, M.D.

SPECIAL COMMITTEES

Blood Banks

Alan W. Jones, M.D.

Special Committee to Revise Bylaws

Theodore R. Miner, M.D.

Long Range Planning

Robert A. Sears, M.D.

Maternal Welfare

Kenneth W. Sinish

Subcommittee on Perinatal Welfare

James W. Morgan, M.D.

Medicine and Religion

Gary deN. Hough, III, M.D.

(Chairman)

Leroy J. Kendrew, M.D.

Joint Committee On

School Health Policy

John C. Ayres, M.D.

Hyman H. Shuman, M.D.

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PRESIDENT'S PAGE

ANNUAL MEETINGS

Future historians may come to assess these times as an era of scientific rather than socio-economic progress. It may be said that the American Medical Association came no nearer to solving such medical socio-economic problems than did those charged with governing our Land — our elected and appointed officials.

Annual meetings of the American Medical Association and of state and specialty societies provide much of the grist for our medical literary mills. We may sometimes feel distressed that there is "so little new." However, in the memories of many practicing physicians have come antibiotics, polio vaccine, nuclear medicine, cancer chemotherapy, improved management of peptic ulcers, hypertension, etc.

Amazing statements have been made about the rapid progress of science:

That the half-life of a physician's knowledge is five years unless updated.

That the shelf space in a scientific library must be doubled every eight years in order to cover the rapidly accumulating materials involved.

That one must run as fast as he can intellectually in order to stand still in this rapidly moving scene.

For practical purposes, let us all be inspired by the new and workable ideas that come from our scientific sessions. Let us be stimulated to keep abreast of the rapid strides of medicine to bring the best medical care to our patients.

If human nature and human frailties are destined to keep us beyond the geographic boundaries of utopia, at least we as physicians may by sustained effort achieve a balanced scientific approach to the solutions of medical need while federal, state, and municipal balance sheets reflect deficits which grow like weeds.

A handwritten signature in cursive script that reads "John W. Turner".

John W. Turner, M.D.

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IN MEMORIAM

WILLIAM S. CONWAY, M.D.

1885 - 1970

Dr. William S. Conway, formerly of Springfield, died in Rockville, Maryland, on May 1, 1970.

Born in Uxbridge, Mass., on February 1, 1885, Dr. Conway graduated from the College of the Holy Cross in Worcester and received his doctorate in medicine from the University of Maryland, Baltimore in 1910. Thereupon, he went to Southbridge, Mass., to engage in the general practice of medicine. About the middle of the 1920's, he came to Springfield, where he practiced until his retirement in 1961.

Dr. Conway served on the medical staff of the Mercy Hospital for many years and was president thereof at one time. He was a member of the AMA, the MMS, and the HDMS.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

IN MEMORIAM

JOSEPH TAUBER, M.D.

1895 - 1970

Dr. Joseph Tauber of 60 Rencelau Street, Springfield, died at his home on May 15, 1970.

Born in Vienna, Austria, on August 4, 1895, Dr. Tauber was educated in Vienna and received his doctorate in medicine from the University of Vienna in 1921. He practiced medicine in his native city until 1938 when he went to Bikaner, India. In 1941 he came to the United States and Springfield, where he engaged in the general practice of medicine until his demise.

Dr. Tauber served on the medical staff of the Wesson Memorial Hospital for many years. He was a member of the International College of Surgeons, the AMA, the MMS, the Springfield Academy of Medicine and the HDMS.

To his family, his friends, and associates deepest sympathy is hereby extended.

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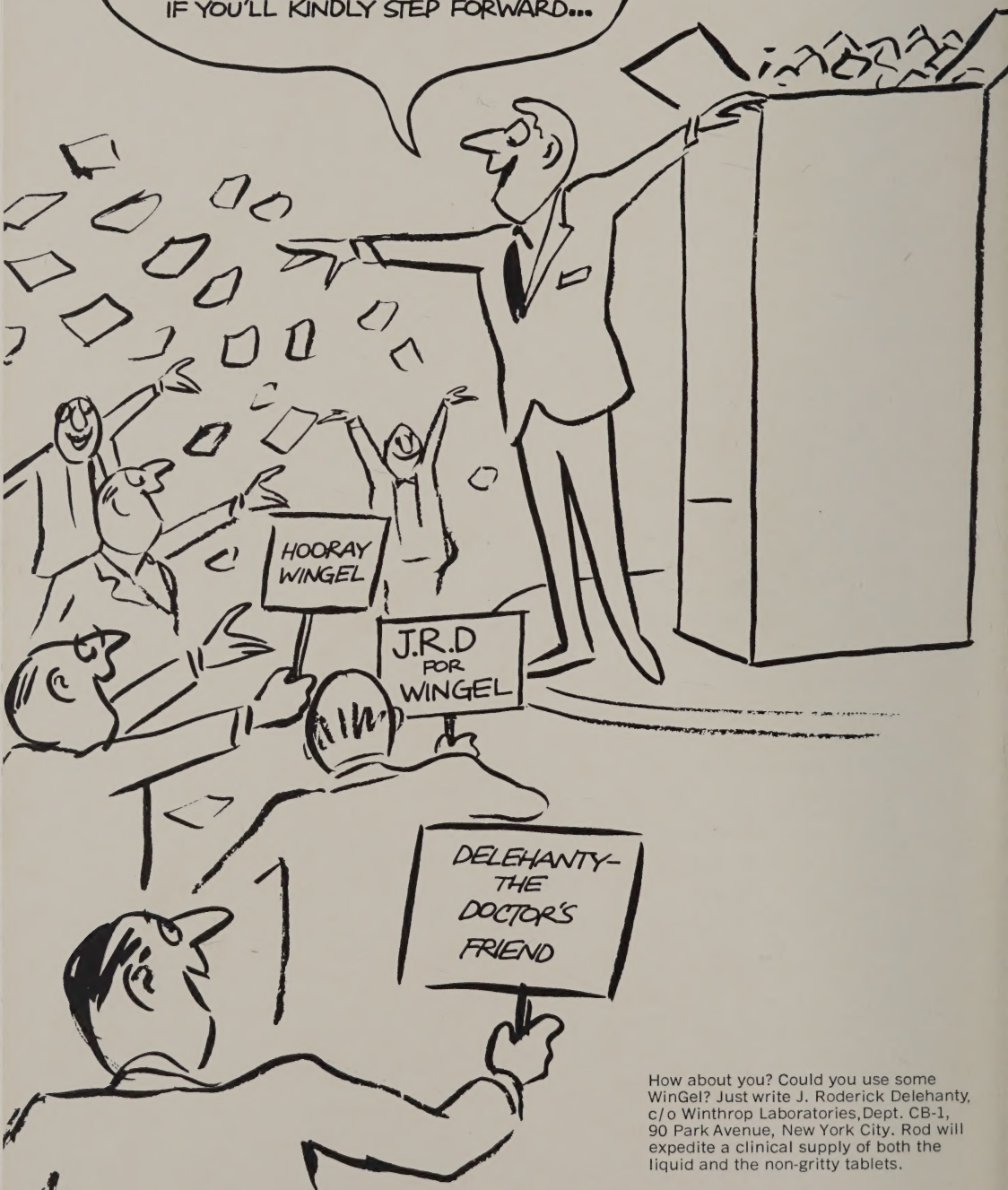
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THE PROBLEMS WE FACE

*"Some people think that doctors
and nurses can put scrambled
eggs back into the shell."*

— Dorothy Canfield

We are very much indebted to Burtis E. Montgomery, M.D., Chairman of the AMA's Board of Trustees, for his recent delineation of the eight most pressing health problems confronting our nation today. His classification, plus the AMA's suggested remedies, are briefly outlined below:

**1 THE ACUTE SHORTAGE OF
HEALTH MANPOWER**

Suggested remedies: Expansion of enrollment in medical schools. Establishment of new schools.

2. RISING HEALTH CARE COSTS

Suggested remedies: Review hospital costs. Eliminate or reduce hospital care wherever possible. Discourage unrealistic demands for health care on the part of the public.

3 FINANCING HEALTH CARE

Suggested remedy: AMA's Tax-credits Health Insurance Plan.

4 MENTAL HEALTH

Suggested remedy: Establishment of nation-wide mental health centers.

5 POLLUTION

Suggested remedy: Work closely with governmental and private agencies to ameliorate the situation.

**6 ALCOHOLISM AND DRUG
ADDICTION**

Suggested remedy: AHA is conducting a major educational program in this area, directed at both adults and youths.

**7 HEALTH CARE OF SLUM
RESIDENTS**

Suggested remedy: AMA is preparing specific recommendations to improve health care in these areas.

8 MALNUTRITION

Suggested remedy: Local societies to meet with community dietitians and other para-medical personnel. AMA is preparing guidelines of malnutrition. Evaluate current nutritional education in medical schools.

OTHER FACTORS

To the above list, which admittedly comprises only the "most pressing"

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problems, several others may well be added. If pollution is a health problem, which indeed it is, why not also the war in Vietnam? Here is a situation that not only kills and maims but also diverts precious funds from national health care and other domestic needs. The annual cost of the war, we are told, is about \$80 billion, a sum that could easily defray the cost of almost any meaningful health program and at the same time provide funds also for the furtherance of medical education and research.

Another urgent health problem, in the opinion of many, are the ever increasing highway fatalities — the most common cause of death among our youth of high school and college age. Also, and this may sound incredible, in 1969 alone many more Americans perished on the highways as were killed during all of the several years of war in Vietnam. Other health problems that might be mentioned, at least briefly, are: the cigarette menace, poor housing, the widespread venereal disease epidemic,

poverty, crime in the streets, violence on the campuses, inflation and the racial problem.

THE PROBLEMS ANALYZED

An analysis of all the above factors shows, first of all, that the stumbling blocks to adequate national health are as numerous as they are formidable. It would seem that practically every major social, political or economic dilemma is capable of becoming, directly or indirectly, a pressing health problem. These dilemmas have become so overpowering of late as to move AMA's President Dorman to observe that "... the scientific problems of medicine today are almost overshadowed by the socio-economic ones."

The analysis further shows that all the health problems are intertwined and inter-related. We can't possibly resolve any one of them without adequate funds or manpower, to use these as examples. Similarly, the correction of all health challenges would amount to nought unless the problems of hunger and malnutrition were corrected at the same time.

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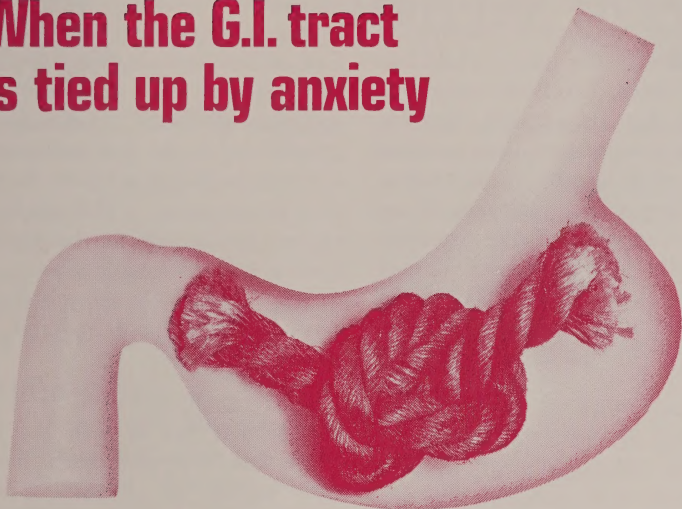
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Precautions: Caution patients about activities requiring mental alertness (driving, hazardous occupations). Keep patients under regular observation. Additional depressant effect is possible when used with other C.N.S. depressants. Patients sensitive to other drugs may be more liable to have a reaction to prochlorperazine. Use with caution in elderly patients. Use in pregnancy, lactation, and in women of childbearing age only when necessary. Discontinue one week prior to ¹³¹I uptake and PBI tests, as the iodine in isopropamide iodide may alter results.

Adverse Reactions: Drowsiness, dizziness, amenorrhea, skin reactions, dry mouth, blurred vision, urinary retention, dilated pupils, photophobia, constipation and tachycardia. Palpitation, nausea, dysphagia, fever, and nasal congestion, rarely. Hypotension, agranulocytosis, cholestatic jaundice, leukopenia, extrapyramidal symptoms (motor restlessness, dystonias, pseudo-parkinsonism) have occurred with prochlorperazine.

Other Adverse Effects reported with one or more phenothiazines: Some adverse effects are dose-related, others involve patient sensitivity, some occur more frequently in patients with special medical problems, for example, mitral insufficiency or pheochromocytoma.

Opisthotonos, oculogyric crisis, hyperreflexia, dyskinesia, sometimes lasting months or years; *grand mal* convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of C.N.S. depressants, atropine, heat and phosphorus insecticides; headache, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states, hypotension (sometimes fatal); cardiac arrest; pancytopenia, thrombocytopenic purpura, eosinophilia; lactation, galactorrhea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema, exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; reversed epinephrine effect; hyperpyrexia; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually reversible Q and T wave distortions—have been reported, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

NOTE: Sudden death has been reported though a relationship to phenothiazine administration has not been determined. In some cases the cause appeared to be asphyxia due to failure of the cough reflex; in others, no cause could be determined.

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This is especially true in the case of children and infants. We hear a great deal these days about providing free lunches for children of school age, but this may prove too late a blessing in the child's life. By the time a child has reached age three, his body weight is but 20% of that at maturity, but his brain at that time already has attained 80% of its adult weight. Most anthropologists believe today that mental retardation and poor learning capacity are due largely to malnutrition during the first three years of life. Writing in the *New England Journal of Medicine*, of April 23, 1970, Drs. Chase and Martin conclude that "... under-nutrition in the first year of life is detrimental to later development. This is the period of most rapid postnatal brain growth, cellular division and myelination in the human organism, although brain growth continued at a slower rate for at least two more years."

R: TOTAL TEAMWORK

The solution of all the mentioned health-related problems, needless to say, will take much time, money and effort.

The physician can hardly be expected to do it single handed. All America has to get involved. Total teamwork is imperative. Quoting again President Dorman: "Expecting the medical profession, or anyone else, to single out one problem and to solve it without changing all of the conditions that contribute to it, is the same as asking someone to build a house in the midst of a hurricane . . . The attacking army cannot be limited to the medical profession and its health allies . . . all of us who want to see the job done should work together, hand in hand, to get it done."

Most of all, however, it is our profession that has to lead the way. The AMA has requested each medical society to do so at state and district levels:

"Everything physicians do today to help find solutions to these eight major health problems will affect, in large or small part, what physicians of tomorrow can accomplish."

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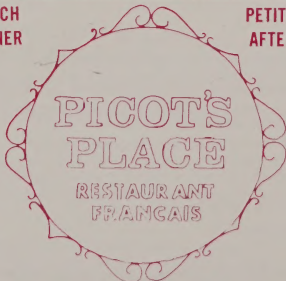
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HIGHLIGHTS OF THE MAY EXECUTIVE COMMITTEE MEETING

The Executive Committee meeting was held on Tuesday, May 19, 1970 in the Society's Conference Room.

Present were: Drs. Mozden, Moore, Turner, Stoler, Goldberg, Cummings, Hough, and Mrs. Purdy.

The minutes of the April meeting were read by Dr. Stoler and accepted.

CORRESPONDENCE

A letter from the Massachusetts' Funeral Directors was read complaining about delays in obtaining signed death certificates. The Committee decided to inform the membership of this through the next *Newsletter*, and the Funeral Directors Association will be so informed.

A notification from the Massachusetts Hospital Association about Bulletin #12 of Blue Cross suggesting that Blue Cross reimburse hospitals for services of certain salaried physicians reveals that it has not been approved by the Rate Setting Commission and is, therefore, not in effect. Massachusetts Hospital Association is pursuing it further in court.

An inquiry from the Massachusetts Heart Association asking for assistance

in holding a blood pressure determination screening in the fall was read. Mrs. Bates will be seeking approval from her Executive Board first.

A report from Mr. Grant Heggie yielding up-to-date information from the Connecticut Valley Health Planning Council on the Multi-Service Health Center was read. Dr. Mozden gave the background information on the Brockton plan obtained from his friend, Dr. French, who was a participant in developing this plan there and is affiliated with Boston University. The Committee suggested thanking Connecticut Valley Health Planning Council for their information and to assure them of the cooperation of the HDMS.

Two informational letters were read from Massachusetts Medical Society.

COMMITTEE REPORTS

There were no committee reports, but two meetings were announced: By-laws will be held on June 1st, and Blue Shield will be held on June 2nd.

OLD BUSINESS

It was voted that the HDMS will not act as a clearing house to secure phy-



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sicians' social security numbers for insurance companies as was suggested by Aetna Insurance Company. However, individual physicians are urged to cooperate in furnishing these numbers when requested.

It was noted that there is no ophthalmologist on the Peer Review Committee. Dr. Jack Pincus' name was suggested.

NEW BUSINESS

The Committee voted unanimously for Mrs. Purdy to attend the AMA Convention in Chicago this June.

The HDMS has been asked to provide physical examinations for Senator Brook's project wherein 1600 youngsters will be sent to Westover Air Force Base this summer for two week periods (400 per two weeks). Dr. Hough will supervise these examinations as chairman. The Greater Springfield Chamber of Commerce and Grant Heggie of the Connecticut Valley Health Planning Council will be so notified.

The "Yellow Pages" listing of physicians was discussed. Some physicians' names were left out of the year's listing. It was suggested that the New England Telephone Co. be contacted to find out if this listing could be checked each year by the Executive Committee so as to insure its accuracy and to determine that all physicians are ethically listed.

A report of the dinner meeting held on May 19th with representatives of the Hampshire District Medical Society who are interested in working more closely with the HDMS was given by Dr. Mozden. Representatives from Hampshire District will be invited to attend the HDMS Executive Committee and Society meetings as observers and to share in the expense of notification from the HDMS office.

The question of dinner meetings for next year was brought up by Dr. Moore, Treasurer. It is becoming more difficult to find a meeting place and to keep the price under \$5.00. It was suggested that a \$6.50 price be tried for a while with some other new dining places taken advantage of.

The Committee also discussed possible combined efforts between the HDMS and the Springfield Academy of Medicine. This will be discussed again at the June meeting.

The meeting was adjourned at 10:35 P.M.

The Grievance Committee met and heard two cases.

This meeting was adjourned at 10:50 P.M.

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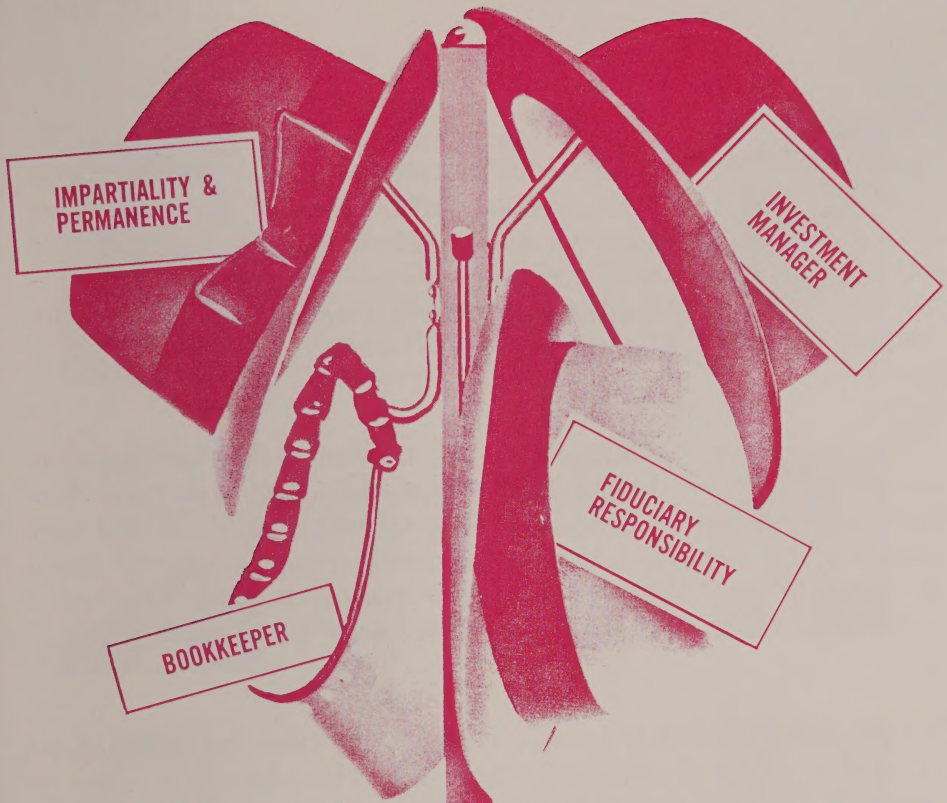
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Ralph Eugent Gainelly, M.D. Office: 759 Chestnut St., Springfield, Mass. Born: Boston, Mass., March 27, 1935. Medical School: Stanford University School of Medicine, 1961. Internship: Bellevue Hospital, New York City, N. Y. Residency: Bellevue Hospital, New York City, Stanford Medical Center, Palo Alto, California. Specialty: Internal Medicine, Cardiology.



Dieter Hans Max Groschel, M.D. Office: Springfield Hospital Medical Center, Springfield, Mass. Born: Wurzburg, Germany, May 13, 1931. Medical School: Universities of Wurzburg, Erlangen, and Cologne, 1957. Internship: University of Cologne. Residency: Institute of Hygiene, Cologne. Specialty: Microbiology.

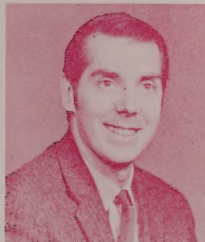


Bruce Jay Haskins, M.D. Office: 130 Maple Street, Springfield, Mass. Born: Philadelphia, Pa., March 31, 1937. Medical School: Johns Hopkins University School of Medicine, 1963. Internship: Ohio State University Hospital, Columbus, Ohio. Residency: Massachusetts General Hospital. Specialty: Radiology.

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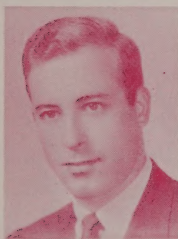
NEW MEMBERS



Earl Theodore Hoffman, M.D. Office: 25 Boulevard Place, West Springfield, Mass. Born: Springfield, Mass., February 11, 1934. Medical School: Georgetown University, 1961. Internship: University of Wisconsin Hospitals. Residency: Western Reserve, Georgetown University Hospital, University of Pittsburgh. Specialty: Radiology.



Walter Adam Mendyka, M.D. Office: Providence Hospital. Born: Cleveland, Ohio, September 10, 1923. Medical School: University of Cincinnati, 1951. Internship: St. John's Hospital, Cleveland, Ohio. Residency: St. John's Hospital, Cleveland, Ohio. Specialty: Surgery.



Michael A. Rosner, M.D. Office: 364 Maple St., Holyoke, Mass. Born: New York, New York, January 15, 1939. Medical School: New York University. Internship: Bellevue Hospital III and IV Med. Divisions. Residency: Bellevue Hospital III and IV Med. Divisions and Yale, New Haven, Hospital. Specialty: Internal Medicine and Metabolism.



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Richard Philip Benton, M.D. Office: Wesson Memorial Hospital, Springfield, Mass. Born: Springfield, Mass., June 10, 1930. Medical School: Faculty of Medicine, McGill University, 1956. Internship: Henry Ford Hospital, Detroit, Michigan. Residency: Presbyterian University Hospital, Pittsburgh, Pa. Specialty: Pathology.

John David Izsak, M.D. Office: 603 Sumner Avenue, Springfield, Mass. Born: Springfield, Mass., February 7, 1936. Medical School: University of Vermont, 1963. Internship: Albert Einstein Medical Center, Philadelphia, Pa. Residency: Sick Childrens Hospital, Toronto, St. Christopher's Hospital for Children, Philadelphia, Pa. Specialty: Pediatrics.

Thomas Francis Race, M.D. Office: 130 Maple St., Springfield, Mass. Born: Carbondale, Pennsylvania, July 6, 1936. Medical School: Temple University, 1962. Internship: Sacred Heart Hospital, Allentown, Pa. Residency: State University of New York, Upstate Medical Center, Presbyterian University of Pennsylvania Medical Center. Specialty: Internal Medicine, Gastroenterology.

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(Concluded)

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ROLE OF THE PRACTICING PHYSICIAN

Within the next year, we hope to inform physicians and other health professionals throughout the Commonwealth about the plans for the teaching program in community medicine. Details have not yet been fully worked out, but student assignments to communities will be arranged through those physicians who might have an interest in participating in the program. Any type of physician in the community would be eligible — general practitioner or specialist — given his desire to work with a student and his understanding and support of the program. He would not be expected nor asked to alter in any substantial way his usual routine of practicing medicine. He would volunteer to accept a student and would agree to facilitate the student's studies in the community, as well as spend as much — or as little — time in directly teaching the student any facet of the practice of medicine that he would feel comfortable in doing. More-

over, the Department of Community Medicine faculty have as their responsibility to supervise and guide the student during the field assignment; we go out to the community rather than the student returning to the Medical Center. This is an important point — the emphasis must remain on the community as the teaching site, the "ward" for the student of community medicine.

In large urban areas like Boston, Springfield or Worcester, a limited segment of the city — a neighborhood or several census tracts — could be studied practicably. Furthermore, though he might study only a section of Springfield in detail, for instance, he would be required to understand in a general way the entire urban health network — needs and services. Or, if he were assigned to a smaller community, then he would be expected to study the total community. Incidentally, frequency of assignments is an important consideration; outlying communities probably should not be used more often than once a year, though the metropolis can absorb more.



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The locality, then, for the crux of this teaching program is in the community. By developing a comprehensive report on the local health situation, studying a variety of individual, family and community medical problems, and conducting epidemiological projects, the students, as well as physicians and faculty, learn much about what the problems are and how they are managed. Communities in Massachusetts become acquainted with students in the state medical school; practitioners initiate reciprocal relationships with the University Medical Center; students have their eyes opened to opportunities for the practice of medicine in the community. They develop a new respect for the practicing physician and for the importance of public health in the community in a way they simply could not have experienced at the University Medical Center.

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